Meeting Date	**27 September 2022**	**Agenda Item**	**4.3**
Report Title	**Child and Adolescent Mental Health Services (CAMHS)**		
Report Author	Nerissa Vaughan, Senior Project Director for CAMHS		
Report Sponsor	Sian Harrop-Griffiths, Director of Strategy		
Presented by	Sian Harrop-Griffiths, Director of Strategy		
Freedom of Information	Open		
Purpose of the Report	This paper describes the background to and review of Swansea Bay Child and Adolescent Mental Health Services. It outlines the Service Specification developed for the service. It examines the options available for the future delivery of the service, including the risks and benefits and recommends a way forward.		
Key Issues	As a result of an audit of the CAMHS commissioning arrangements undertaken in 2021, in addition to issues with recruitment & retention and poor compliance against Welsh Government targets, Swansea Bay UHB initiated a review of the service. The aim of the review was to develop and agree a service specification for CAMHS, consider options for the future delivery of Swansea Bay CAMHS and recommend a way forward.		
Specific Action Required ***(please choose one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
	☐	☒	☒	☒
Recommendations	Members are asked to: • **NOTE** the contents of the paper • **CONSIDER** the recommendation to adopt Option 3 of the option appraisal, i.e. Repatriate and directly run the service, excluding Tier 4 and on-call • **CONSIDER** to serve notice to CTM on the existing Service Level Agreement. The notice period is 6 months. • **CONSIDER** transfer the service back to SBUHB from April 1st 2023 • **CONSIDER** that the Management Board and Quality & Safety Committee will oversee and receive quarterly reports on the progress of the transfer.		

Child and Adolescent Mental Health Services

1. INTRODUCTION

This report describes the review of Child and Adolescent Mental Health Services (CAMHS). It describes the Service Specification that has been developed to support the commissioning arrangements for the service. It also outlines the option appraisal that has been undertaken to support a decision on the future delivery model. It examines the risks and benefits of the approaches and recommends a way forward.

2. BACKGROUND

Overview

Good mental health and wellbeing is crucial for children and young people to develop and thrive. It is as important as physical health. It enables young people to develop resilience to help them cope with the challenges of life and grow to happy and healthy adults. Young people's mental health is on a spectrum, across which many will move frequently. Young people and their families require different kinds of information, advice and support across this continuum. The CAMHS service spans some of this continuum but it's important to remember that other organisations such as social care, education, third sector and others provide services which complement and support children and their families as well. It's crucial that CAMHS services are, therefore, deeply embedded in this system of services to maximise the benefits for children and their families. This paper focuses on the health input to this continuum but is cognizant of the broader system of services and support.

The Current Delivery Model

CAMHS are currently provided via a commissioning arrangement with Cwm Taff Morgannwg University Health Board (CTM). The arrangement was put in place as a formal arrangement around 2010, more informal arrangements predate this. It was developed to support a more resilient mode of service delivery and covered a network spanning Cardiff and Vale University Health Board, SBUHB as well as the services covering the CTM population. At the time of inception the service was small and vulnerable to workforce issues. The arrangement enabled the development of on call and cross cover support as well as providing a firmer base for recruitment. It also provided a critical mass for education and research and development. Since the network was developed, CAMHS has become a priority service for the Welsh Government and has received significant inward investment. The commissioning value for Swansea Bay CAMHS has grown since 2015 from just over £1.5 million to just over £5million. As such, there has been a considerable expansion in size and scope of Swansea Bay CAMHS.

Cardiff and Vale UHB withdrew in the main from the network arrangement and developed an in-house solution in a phased way from 2018. They still maintain an SLA for on-call services as the service is still not of a sufficient size to justify a

standalone arrangement (although they are examining this). They continue to link to the Tier 4 beds in Ty Llidiard.

The scope of the current service

As part of the review work and in response to a recent Internal Audit Report, a detailed service specification has been developed which describes the service in some granularity. This provides a solid baseline against which the option appraisal work was developed and clarifies the financial arrangements and performance expectations underpinning the service.

The service specification covers:

- The service objectives and aims.
- A service description/care pathway including location and opening hours of services.
- A description of the patient cohort covered by the service including referral and access criteria.
- Key service deliverables.
- Service outcomes including Welsh Government measures and quality outcomes.
- Contract monitoring and governance.
- Financial arrangements and a detailed descriptor of the baseline establishment.
- Duration of the agreement.

In summary, Swansea Bay CAMHS provide a range of functions and services that support and work alongside non-mental health professionals to meet the needs of young people up to and including the age of 17 and 9 months at risk of developing, or experiencing, mild to moderate mental health issues.

The Swansea Bay CAMH service functions include those statutory requirements of local primary mental health support services as described under Part 1 of the Measure;

- Providing primary mental health assessments
- Providing primary mental health interventions/treatments identified through the primary mental health assessment
- Making onward referral for other services following primary mental health assessment
- Provision of support and advice to professionals,
- Provision of information and advice to individuals and carers

In addition, those statutory requirements of Part 2 of the Mental Health Measure, ensuring the children and young people who receive secondary mental health services have the:

- Right to have a Care Coordinator appointed to work with them to coordinate their care and treatment, and
- Right to an individual and comprehensive Care and Treatment Plan to assist their recovery and for this to be regularly reviewed and updated.

The Swansea Bay CAMHS provides this through the following services:

- Assessment; advice and intervention
- Crisis response (including out of hours provision)
- Community forensic services
- Early intervention in psychosis (alongside the EIP service sitting in SBUHB AMHS)
- Eating disorders treatment
- Schools support/liaison
- Accident and emergency liaison
- Youth justice service liaison
- Aspects of co – morbid learning disability
- Aspects of co – morbid neurodevelopmental complications

There is a detailed breakdown of the financial arrangements within the SLA which provide a clear post by post breakdown. Vacancies are monitored and a clawback mechanism is in place. The overall financial arrangements present an agreed position with CTM.

The financial summary is detailed below:

Description	**Value £**
Core LTA	3,988,618
MHSIF Approved	1,056,560
MHSIF Pending Approval	312,649
Out of Hours Cover	177,478
Total	5,535,305

Service Review

An independent review was undertaken of the Swansea Bay CAMHS as way of Due Diligence.

The review work was undertaken in a structured way. It involved interviews and consultation with:

- Swansea and Neath/Port Talbot Local Authorities
- The Senior CAMHS Leadership Team
- Clinicians working within the service, allied specialties and primary care as well as in other Health Boards
- NHS Wales Delivery Unit
- Welsh Health Specialised Services Committee (WHSSC)
- Executives at both SBUHB and CTM
- Staff themselves through a workshop
- Union representatives
- Management staff at both SBUHB and CTM responsible for the delivery and monitoring of the SLA
- Senior staff at English NHS Trusts who work in CAMHS
- Members of the Project Team at Cardiff and Vale Health Board who have recently returned to an inhouse delivered model and away from an SLA with CTM.

It also included desk top review of a wide range of documents including;

- National Reviews on CAMHS, both Wales specific and UK wide
- Benchmarking Studies across Wales
- Local reviews of the Swansea Bay service
- Scrutiny of the service's policies and procedures
- Supporting governance arrangement documentation (e.g. terms of reference)
- Detailed workforce information
- Service specifications for other commissioned/related services (e.g. Tier 4)
- Examination of available data; clinical and performance activity.

The issues identified as part of this review are complex and varied these include:

- <u>Non-performance against Welsh Government measures.</u>

  Performance has been poor historically but has recently improved with enhanced monitoring and a greater clarity on actions needed to improve performance. A comprehensive Service Improvement plan is in place which is driving improvements coupled with enhanced monitoring.

- <u>Recruitment/Retention of staff</u>

This is a challenge for all CAMHS. It is an acute problem UK wide but is particularly problematic in Wales. This is for a number of reasons but in the main relates to the significant investment made by the Welsh Government in the service. This has led to a demand for staff at a pace which outstrips supply. In Swansea Bay CAMHS the vacancy rate in February 22 was 44%, this has reduced to 18% in September. The workforce pool has been expanded through imaginative approaches to roles, improving the attractiveness of posts and developing recruitment strategies which target the Swansea Bay area.

Retention rates have also improved reducing turnover from 14% to 7% most recently.

This remains a fragile and high risk area going forward and will require focused attention.

- Lack of liaison and joint working with partner agencies such as the Local Authorities – 'being absent from the system'

  There is a strong view from both Local Authorities that the service fails to engage with the wider system. This is both at a strategic and operational level. This view is replicated by other stakeholders such as clinical staff in other SBUHB services, Primary Care, other Boards and NHS Delivery unit. This is in part due to the SLA arrangements (they are required in multiple systems) and in part due to the size of and demands on the service. Given the networked nature of mental health services for children this not only reduces their effectiveness but also leaves gaps in system wide services which will need to be addressed going forward.

- Poor linkages to Primary Care

  Whilst SPOA services are designed to improve this, there still remain major problems for GPs accessing the service. The threshold for acceptance is problematic (and relatively high), and GPs report difficulty finding the correct service for quite complex children that require support. The service is seeking to address this through the GP liaison service but this service is small. Work is required on pathways with Primary Care to ensure that access is improved. Medium term investment is required on improved access.

- Gaps in provision of services such as crisis support which result in children/young people with complex needs waiting extended periods in A+E for support.

  This is a particularly high profile and complex area. There have been a number of incidents over the course of the year where children are left stranded, but clearly needing support, in inappropriate settings such as A+E and Adult Mental Health wards. The Welsh Government have recently allocated funding to a scheme which will help resolve this which is currently under development. Careful operational linkages will need to be made, particularly to on-call services, to ensure the pathways are robust going forward.

- Cultural issues in the service which result from not 'being owned' by either Health Board and, therefore, developing a unique and isolated way of working

  Not only is the service isolated in the way it operates within the wider system it has also developed an isolated culture within the Health Boards. Staff describe this as not 'being owned'. As a result they have developed a unique culture and way of working with a strong team identification but lacking any corporate identity. This is something that will need significant work going forward in whichever model is employed. Staff, however, are very open to 'being owned' and 'part of the family', this enthusiasm will need harnessing with underpinning organisational development support.

- Operational issues.

  These include;

  - Difficulties with IT links which result in a reliance on paper based systems
  - working to two different sets of operating procedures
  - falling into gaps between the two Health Boards which require 'workarounds'.

  Working between two Board's systems creates difficulties and a lot of duplication of effort which makes them inefficient. There is frustration within the service that this takes them away from direct patient care and imaginative 'workarounds' have developed to speed things up. This, however, poses potential corporate and clinical risks, as unique processes have developed which do not sit within either Board's mainstream way of working. There is a heavy reliance on paper based systems which reinforce isolated working and very little automation – such as digital dictation – as there are complexities working between the two Board's IT systems. Work to address these issues needs to take place as there are significant efficiencies available.

- The potential for safeguarding issues

  Whilst there have been no high profile safeguarding cases within the service, the population served by the CAMHS services are a particularly vulnerable and high risk group. The Local Authority arrangements, Health Board arrangements, paper record reliance, unique service culture, isolation from the system and 'workaround' way of working all heighten the risk for a safeguarding event to unfold. There has been scrutiny by the two safeguarding teams who have ensured that the safeguarding arrangements are as satisfactory as they can be but the structural issues described are complex and, therefore, the risk remains high.

- A lack of workforce planning

  Until very recently, there has been limited focus on workforce planning. A Workforce and OD group has been established between the two Boards which specifically focuses on CAMHS. This is new and at present is more engaged on the here and now issues around recruitment rather than longer term workforce planning. This area needs dedicated input to ensure there are longer term strategies in place which support workforce development.

- A lack of rigour in governance and processes (both clinical and corporate)

  As described above corporate and clinical governance processes are unique to the service and require work to ensure they adhere to the corporate processes. Work is underway to improve the quality and coverage of CTPs, which is a particularly high risk area. These processes need to be strengthened and are not as robust as comparative adult mental health services. Equally, improved quality monitoring and clinical governance processes are being introduced which will help but these need to be established within a corporate framework.

- Previously unstable leadership with a lot of turnover (this has recently significantly improved)

  Until recently there has been a high turnover in the local management of the service. These posts are crucial for the development and delivery of the service improvement work described as well as performance delivery. At present the general manager, who is a permanent employee, straddles CTM and Swansea Bay services. There are two nurse managers who are seconded into their roles from other parts of CTM. Their presence is particularly important given the improvements which are being made. It will be important to retain this group of staff in whichever delivery model is chosen as they provide stability and continuity for the service.

- A huge demand for services meaning a 'busy' service without the time to plan and develop – responsive rather than proactive

  Demand for CAMHS is high. Volumes are increasing but more worryingly the complexity of referrals is increasing too. The intensity of service input is considerable. This overall increase is seen in all UK CAMHS services and have been exacerbated by the pandemic and its associated events such as national lockdowns, school closures and limited access to friendships and support groups. There is some empirical evidence for this in a number of studies e.g. Co- Space Study, NHS Confederation and others. Swansea Bay CAMHS has in the main absorbed these increases and is clearly tackling waiting lists to ensure access improves for children. Their focus on early intervention has meant that they have been able to mitigate the effects to a certain extent but the overall increases coupled with high vacancy rates, means the service has limited time to stand back and focus on the non-immediate tasks such as development. This is on an individual basis through PDPs and training or on a team level around service development and improvement. Whilst the service is

undertaking strategic work around its future service model the speed at which this is being done is too slow.

- Benchmarking which highlights deficits in workforce numbers comparative to other Health Boards

  The NHS Benchmarking Network has undertaken a comprehensive benchmarking exercise for NHS Wales around CAMHS. In the main, Swansea Bay CAMHS benchmarks comparatively in most areas. The two areas, where it deviates negatively, are around case load size which is high and is currently being reviewed as well as workforce numbers per 100,000 population where it is low. Powys which has 140 wte per 100,000 is the highest, Swansea has 80 wte per 100,000 and CTM 77wte per 100,000. All other Health Board have numbers around the 110 level. The benchmarking is at a high level but does seem to indicate that workforce numbers are light compared to similar Health Boards and may need investment into the future. Given the rising trend in referrals and the need to improve primary care access, this represents some risk. The priority areas for this would be in Eating Disorder Services, enhanced school and GP in-reach services and therapies. In the shorterm, given the existing vacancy level and the potential efficiencies available through improving processes and increasing automation, investment would be unwise. The service has increased very rapidly in recent years and the relative speed of this investment has meant that there are built in inefficiencies. In the medium to long term targeted investment in the areas described needs to be worked up in more detailed cases to form part of the strategic development of the service.

It's important to note that whilst the above issues were identified there were many examples of excellent practice these include:

- A strong new leadership team
- Dedicated and passionate patient centred staff with a strong commitment to improvement
- Strong team identification with improving morale
- Improving staffing levels
- Improving performance
- A focus on early intervention
- A high performing school in- reach service
- Improving patient/family satisfaction with a strong commitment amongst staff to involve them in the service

These all bode well for the future, irrespective of the chosen delivery model.

Option Appraisal of the Delivery Model

The existing delivery model has been in place for some time and it is good practice to review arrangements occasionally to ensure that best value for money is being delivered and the service objectives are being met. There have been concerns about CAMHS for some time within the Board. The review work described above reinforces this view. An option appraisal of alternatives has, therefore, been undertaken building upon the work described above.

Methodology

The methodology to support the choice of preferred option is described below

- Broad ranging interviews with those described above
- Generation of options
- Generation of risks/benefits
- Testing of these with cross section of staff – half day workshop
- Generation of scoring methodology
- Generation of shortlisting methodology
- Testing of all of the above with Senior CAMHS Leadership Team
- Shortlisting undertaken with Senior Leadership Team
- Scoring undertaken with Senior Leadership Team
- Moderation by members of the Executive Team with further scoring and testing of the options
- Generation of Preferred Option
- Wider testing through Management Board/Informal Board Session

Options

The following options were generated:

Option 1. Do nothing and remain with the SLA with CTM

Retain the status quo, supported by the enhanced commissioning arrangements recently introduced.

Option 2. Repatriate and directly run the service including Tier 4 and On-call

Take the direct management of the whole service into SBUHB control including those areas currently not commissioned by SBHUB (Tier 4).

Option 3. Repatriate and directly run the service excluding Tier 4 and on-call

Take the direct management of the service into SBHUB control leaving Tier 4 and On-call services delivered by CTM. This is the model currently employed by Cardiff and Vale UHB.

Option 4. Develop more informal arrangements with other Health Boards to form a pan Wales service

Work with other Health Boards to form a pan Wales consortium for the delivery of services, commissioned through Welsh Health Specialised Services Committee (WHSSC)

Option 5. Commercially Tender the Service

Commercially tender the service though a formal procurement process. Including testing the private sector market and seeking public sector bidders before award of the contract.

Shortlisting

The 5 long listed options above were tested for deliverability and robustness and two were discounted when examined more fully, these were:

- Option 2. Repatriate and directly run the service including Tier 4 and On-call services
- Option 4. Develop more informal arrangements with other Health Boards to form a pan wide service

Option 2 was discounted for two main reasons.

The first related to the fact that Tier 4 services are not commissioned by SBUHB but by WHSSC. They were interviewed as part of the review and they were clearly of the view that given the complexity of Tier 4 services and the critical mass needed to support the service in terms of workforce availability, that alternative arrangements to a CTM delivered service were not being sought.

The second reason the option was discounted was the deliverability of on-call services at a Board level as opposed to a network level. This is due to the critical mass/workforce numbers needed to cover a rota. There is general acceptance that the existing on-call arrangements lack responsiveness. Alternative approaches are needed to resolve this and support from adult mental health services will be required if the intention is to deliver a comprehensive rota at a Board level. This may be something the Board wishes to explore in the medium term but for this exercise it was discounted for practical reasons.

Option 4 was discounted for practical and timescale reasons.

During the course of the interviews the option of a pan Wales service was raised a number of times by a variety of organisations. The driver for this was critical mass for more specialist aspects of CAMHS, such as eating disorder services and forensic services. On call and workforce availability/flexibility were also features. Whilst a pan Wales model has a number of benefits there were too many concerns to justify proceeding with the option. These included timescales, delivery complexity and benefits received versus effort expended. For these reasons it was discounted

Risks and Benefits

The benefits and risks of the remaining three options were explored.

Option 1. Do nothing and remain with the SLA with CTM

Benefits

- Retain the status quo – limited change
- Clear accountability for delivery is defined
- Clinical risk remains with CTM
- Workforce risk remains with CTM
- Financial risk is defined
- Management effort contained to managing the commissioning arrangement
- Corporate service input is limited
- Clarity on the future ongoing service arrangements
- Existing expertise in managing the contract

Risks

- Reputational issues remain without direct control
- Complexities of the arrangement which create the clinical/operational issues identified remain
- Applying the terms of the contract within the political environment difficult, i.e. Welsh Government expectations
- Safeguarding risk remains heightened
- Medium/ Long-term investment exposure not under direct control
- Less direct control to resolve operational problems
- Difficulties in operating within the Swansea/NPT systems remain
- Staff are keen to work for SBHUB – recruitment/retention issues
- Continued governance ambiguity
- IT
- Efficiencies available return to CTM/no requirement to deliver
- Cultural issues remain

Option 3. Repatriate and directly run the service excluding Tier 4 and on-call

Benefits

- Direct Control/simplification – no 3rd party involvement
- Ability to set strategic direction of the service more effectively
- Ability to operationally manage the service directly
- System Integration – operational/strategic
- IT simplification – one system
- Staff keen to work at SBUHB – recruitment/retention improved

- Reduces the commissioning burden on SBUHB
- Efficiencies achieved benefit SBUHB directly
- Reputational issues under direct control
- Increases clarity on delivery requirements within the political arena

Risks

- Short-term change for staff
- Operational amalgamation effort
- Governance issues to resolve – operational and clinical
- Cultural issues to overcome
- Workforce risk
- Corporate/Operational management time
- IT system integration – short-term
- SBUHB has limited recent experience of directly managing the service
- Resilience of the service as a standalone/critical mass
- Medium/Long term investment requirement

Option 5. Commercially Tender the Service

Benefits

- Financial benefits may be achievable
- Continues as a commissioning arrangement within existing infrastructure and expertise to manage the contract
- Clear accountability for delivery is defined
- Clinical risk sits with provider
- Workforce risk remains with provider
- Financial risk is defined
- Corporate service input is limited
- Clarity on the future ongoing service arrangement
- Room to negotiate service enhancements through a competitive process

Risks

- Market currently limited and only mature in inpatient provision
- Concerns over the quality of provision under other contracts
- Procurement process protracted and expensive to manage (8 months minimum)
- Estate complications
- Workforce issues around private sector partner – recruitment and retention
- Increased complexity with system working

- Reputational exposure
- Political implications
- Limited experience of clinical service contract management with the private sector at this scale
- IT issues
- Integration with NHS governance processes both clinical and corporate
- Cultural change significant
- Management of the short-term transition complex

Scoring Criteria

The criteria used to score was as follows;

- Responsiveness to patients
- Staff retention
- Staff recruitment
- Cultural change
- Operational fit
- Short-term implementation risk
- Risk to delivery
- Strategic fit
- Long term risk of the model not being effective
- Timescales
- Public Acceptability
- Political Acceptability

Scores

The initial scoring exercise was undertaken by the Senior CAMHS leadership team. The raw scores are shown below. 1 high risk/10 low risk

Criteria	Option 1	Option 3	Option 5
Responsiveness to patients	10	10	8
Staff Retention	2	8	2
Staff Recruitment	2	10	2
Cultural Change	8	5	2
Operational Fit	8	6	2
Short term implementation	8	4	1
Risk to delivery	6	7	1
Strategic Fit	6	8	2
Long Term Model Risk	3	8	1
Timescales	10	7	1
Public Acceptability	7	8	2
Political Acceptability	3	10	2
Total	73	91	26

Members of the executive team moderated these scores, combined scores below.

Criteria	Option 1	Option 3	Option 5
Responsiveness to patients	18	20	13
Staff Retention	4	15	4
Staff Recruitment	4	19	4
Cultural Change	16	9	4
Operational Fit	14	12	4
Short term implementation	16	7	2
Risk to delivery	12	14	2
Strategic Fit	11	17	4
Long Term Model Risk	6	16	2
Timescales	20	14	2
Public Acceptability	14	16	4
Political Acceptability	6	20	4
Total Combined	141	179	49

To test the appraisal further, an exercise was undertaken to weight the options. This was to test that individual scores/categories which may be considered less critical were not influencing unduly the overall score. The categories were grouped and sub totalled. During the appraisal process the patient and staff categories were highlighted as the strongest criteria in the scoring exercise. The grouped categories were adjusted for number of scores. They were then weighted to increase the importance of patients and staff criteria. The following scores are the result.

Grouping	Option 1	Option 3	Option 5
Patients	36	40	26
Staff	16	28	8
Operational	14	11	3
Strategic	12	16	3
Acceptability	10	18	4
Total	88	113	44

From all the scoring mechanisms - raw, moderated and weighted, the highest score was achieved by Option 3 (Repatriate and directly run the service excluding Tier 4 and on-call)

In the staff workshop, the Senior Team initial scoring as well as the executive moderation process, this option comes out as the preferred option by some margin.

It should be recognised that no option negates the requirement to ensure that improvements are made to the service as highlighted in the review work. There was a general consensus, however, that Option 3 gives the Board the best chance of achieving these improvements, giving it direct control over the service's improvement journey.

The Board is recommended, therefore, to support Option 3 and give notice to CTM on the CAMHS service.

3. GOVERNANCE AND RISK ISSUES

The Board should note the issues raised in the Service review in relation to the governance and risk issues relating to this service. There are sufficient mitigations in place at present to ensure these risks are reduced but ongoing work will be required to ensure that processes and governance is improved.

4. FINANCIAL IMPLICATIONS

The Board is asked to note the financial considerations contained in this paper. In particular the value of the existing SLA and the financial risks as highlighted in the medium/long term. There are efficiencies available within this service as well as an existing underspend in this financial year and whilst there continue to be vacancies which need to be filled these negate the requirement for expensive WLIs. These mitigate any short term financial exposure. There remain risks associated with the medium/long term. These are driven by underlying growth, workforce numbers which benchmark poorly and a general requirement to improve the access to the service from Primary Care.

5. RECOMMENDATION

Members are asked to:

- **NOTE** the contents of the paper
- **CONSIDER** the recommendation to adopt Option 3 of the option appraisal, i.e. Repatriate and directly run the service, excluding Tier 4 and on-call
- **CONSIDER** to serve notice to CTM on the existing Service Level Agreement. The notice period is 6 months.
- **CONSIDER** transfer the service back to SBUHB from April 1st 2023
- **CONSIDER** that the Management Board and Quality & Safety Committee will oversee and receive quarterly reports on the progress of the transfer.

Governance and Assurance		
Link to Enabling Objectives ***(please choose)***	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**	
	Partnerships for Improving Health and Wellbeing	☒
	Co-Production and Health Literacy	☒
	Digitally Enabled Health and Wellbeing	☒
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☒
	Excellent Staff	☒
	Digitally Enabled Care	☒
	Outstanding Research, Innovation, Education and Learning	☐
Health and Care Standards		
(please choose)	Staying Healthy	☒
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☒
	Timely Care	☒
	Individual Care	☒
	Staff and Resources	☒
Quality, Safety and Patient Experience		
As described in the body of the report		
Financial Implications		
No known short-term financial exposure but medium/long term financial risk as highlighted.		
Legal Implications (including equality and diversity assessment)		
Mental Health Measures.		
Staffing Implications		
As described in the body of the report – recruitment/retention risk coupled with low benchmarked numbers.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
○ The recommendation supports the Act		
Report History		
Appendices	None	